

FY		JOINT AGREEMENT ADMINISTRATOR NAME			MEMBER DISTRICT NAME		
EXPENDITURE REPORT SUBMISSION DATE		CUMULATIVE EXPENDITURES THROUGH DATE		MEMBER CONTACT PERSON		MEMBER TELEPHONE NUMBER	MEMBER FAX NUMBER

# EXPENDITURE WORKSHEET

Program: \_\_\_\_\_

LINE	FUNCTION NUMBER (1)	EXPENDITURE ACCOUNT (2)	SALARIES (3)	EMPLOYEE BENEFITS (4)	PURCHASED SERVICES (5)	SUPPLIES AND MATERIALS (6)	CAPITAL OUTLAY** (7)	OTHER OBJECTS (8)	NON-CAP. EQUIPMENT** (9)	TOTAL (11)
			(Obj. 100s)	(Obj. 200s)	(Obj. 300s)	(Obj. 400s)	(Obj. 500s)	(Obj. 600s)	(Obj. 700s)	
1	1000	Instruction								
2	2110	Attendance & Social Work Services								
3	2120	Guidance Services								
4	2130	Health Services								
5	2140	Psychological Services								
6	2150	Speech Pathology & Audiology Services								
7	2210	Improvement of Instruction Services								
8	2220	Educational Media Services								
9	2230	Assessment & Testing								
10	2300	General Administration								
11	2400	School Administration								
12	2510	Direction of Business Support Services*								
13	2520	Fiscal Services*								
14	2530	Facilities Acquisition and Construction**								
15	2540	Operation & Maintenance of Plant Services								
16	2550	Pupil Transportation Services								
17	2560	Food Services								
18	2570	Internal Services*								
19	2610	Direction of Central Support Services								
20	2620	Planning, Research, Development & Evaluation Services								
21	2630	Information Services								
22	2640	Staff Services*								
23	2660	Data Processing Services*								
24	2900	Other Support Services								
25	3000	Community Services								
26	4000	Payments to Other Districts or Government Units								
28	Total Direct Costs									
29	Approved Indirect Costs x _____ %									
30	TOTAL EXPENDITURES									
31	OUTSTANDING OBLIGATIONS		\$							

**RETURN TO COOPERATIVE ADMINISTRATOR WHEN COMPLETED AND SIGNED.**

- \* If expenditures are shown, the indirect cost rate cannot be used.
- \*\* In no instances can Capital Outlay, Non-Capitalized Equipment, or Facilities Acquisition and Construction Services be included in the indirect cost application.
- \*\*\* Pre-payments are disbursements made in the prior year project applied to the current year project Line 31 includes pre-payments.

We the undersigned, hereby certify that the foregoing statements are true to the best of our knowledge and belief.

\_\_\_\_\_  
Signature of District Superintendent  
OR Agency Administrator

\_\_\_\_\_  
Date